

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

(FOR USE WITH FORM PTO-875)

CLAIMS

S	
APPLICANT(S)	
SERIAL NO.	FILING DATE

AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.	1				
TOTAL DEF.	3				
TOTAL CLAIMS	4				

TOTAL CLAIMS		TOTAL DEF		TOTAL IND	
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AS FILED	IND.	DEF.	AFTER 1 st AMENDMENT	IND.	DEF.
AFTER 2 nd AMENDMENT	IND.	DEF.			